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20350 7590 06/09/2005

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<i>Judith Cotham</i>	(Depositor's name)
<i>Judith Cotham</i>	
September 9, 2005	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/416,735	10/13/1999	ISABELLA A. ATENCIO	016930-003920US	6563

TITLE OF INVENTION: CALPIN INHIBITORS AND THEIR APPLICATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/09/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
FALK, ANNE MARIE	1632	435-455000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CANJI, INC.

San Diego, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date September 9, 2005

Typed or printed name Chris J. Ullsperger

Registration No. 48,006

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TRANSMITTAL FORM <small>REMAINDER OF PAGE IS FOR ALL CORRESPONDENCE AFTER INITIAL FILING</small>		Application Number	09/416,735
		Filing Date	October 13, 1999
		First Named Inventor	Atencio, Isabella A.
		Art Unit	1632
		Examiner Name	Falk, Anne Marie
Total Number of Pages in This Submission	1	Attorney Docket Number	016930-003920US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Issue Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Chris J. Ullsperger		
Date	September 9, 2005	Reg. No.	48,006

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